

put an end to the horrible opioid epidemic. This is a horrible, horrible health scourge that has carved a path of destruction throughout communities in Oregon and across our country.

Now, over the last several weeks, I have traveled around Oregon to spend time listening to experts. We heard powerful testimony in the Finance Committee, and I have spoken with colleagues here in the Senate about the urgency and the important scale of this national crisis. The message has been very clear: Our country is paying for a distorted set of priorities. Our citizens get hooked on opioids, there is not enough treatment, and enforcement falls short. My view is that is a trifecta of misplaced priorities.

What it says to me is that our country needs a fresh approach where prevention, better treatment, and tougher enforcement work in tandem. We have to have all three working together to really get on top of this horrible, horrible health scourge. The Congress ought to be working overtime on policies that start moving our Nation towards this tandem approach that I have described.

Now, my view is that the bill that was passed by the Senate takes the first step toward updating the country's out-of-date approach to substance abuse. More needs to be done, and that is what I and other colleagues have pushed hard to do. I very much hope that more can be done in this Congress.

As ranking member of the Finance Committee, we are required to pay for Medicare and Medicaid. I wish to spend a few minutes talking about the fundamental role that is going to play in stemming the tide of opioid abuse.

These are bedrock health programs, and they are expected to account for over a third of substance abuse-related spending in the upcoming years. We are talking about billions and billions of dollars. Medicare and Medicaid have an important role when it comes to preventing addiction at its source, and talking about prevention has to include talking about how these drugs are prescribed in the first place.

As I visited with citizens around Oregon, I was struck—and I know of the Presiding Officer's expertise in health care as a practitioner—by what I have come to call the prescription pendulum. Doctors were once criticized for not treating pain aggressively enough, and today they are criticized for prescribing too many opioids to manage pain. So in the days ahead, our country is going to have to look for solutions that get the balance right.

During the debate on this bill, the Senate considered an amendment I wrote that would have doubled the penalties for opioid manufacturers who give kickbacks to prescribers and put profits over patients. It has been well documented in recent years that companies are pushing the unapproved use of some drugs at the expense of patient safety. It is high time for real accountability when the manufacturers go too far.

My amendment would also have made significant progress to connect those struggling with addiction to appropriate treatment. Some parts of the bill the Senate passed crack down on those on Medicare who are suspected of abusing opioids. It is an enforcement-only approach, and my view is that the story cannot stop there. Without treatment, those addicted to opioids might try to get their pills on the street or turn to heroin. My amendment would have ensured that those who are at risk for opioid abuse are connected to meaningful treatment choices so they can better manage their pain and limit excessive prescriptions.

I also proposed an amendment that would have helped some of the most vulnerable Americans, including pregnant women on Medicaid who struggle with addiction. The costs of inaction here add up every single day for moms and their babies. A recent Reuters investigation found that, on average, an opioid-dependent baby is born every 19 minutes. These are high-risk pregnancies that can have lifelong consequences for mothers and their children. Some of these babies tragically aren't going to make it. Many of them are going to be placed in foster care if their mothers cannot break their addiction.

So it is critical that these women have and retain full access to pre- and post-natal care as well as addiction treatment. Yet, today, if a pregnant woman on Medicaid receives treatment for drug or alcohol dependency, in certain in-patient facilities, that woman loses her health coverage for the duration of her stay. That just defies common sense.

The good news is, the country has a pretty good idea of a straightforward solution. There is no reason someone who is pregnant should lose access to their health insurance. This amendment simply states that no pregnant woman would lose her Medicaid while she receives treatment for addiction. To be clear, this amendment doesn't instruct Medicaid to pay for these treatment services. That charge requires a broader debate. I do believe, though, in the meantime, access to services like prenatal care should not be restricted for pregnant women who want to receive care for their addiction.

It is unfortunate these amendments didn't make it into the Senate legislation today, but I have seen a number of times—and I look forward to working with my colleagues in the Senate—that sometimes we don't win on day one, and you have to come back again and again and again. A few weeks ago, a bill I authored well over a decade ago, the Internet Tax Freedom Act, finally got passed permanently into law. So sometimes when something is important, you just have to stay at it, and I want colleagues to know I think the CARA bill is a good start. It focuses on enforcement, but unless you get the prevention and treatment part of it in

addition to enforcement, you are not going to get the job done properly.

The Congress obviously has some tough choices to make. If prevention and treatment aren't addressed upfront, the costs are going to be even higher—pregnant mothers giving birth to opioid-dependent babies, EMTs in emergency rooms dealing with overdose calls every night, county jails taking the place of needed treatment, able-bodied adults in the streets instead of working at a family wage job. American tax dollars need to be spent more wisely, and it is my view the Senate has to come back to this issue. It has to come back to this issue and get the job done right.

I indicated earlier that I am very much aware of the expertise of the Presiding Officer in health care and his involvement as a practitioner, and I look back, as I said, to how the prescription pendulum has moved. It wasn't very long ago when I was of the view that there wasn't enough done to manage pain. As patients began to insist on those kinds of drugs and therapies to help them with their pain, we saw they were able to get relief. The pendulum may have swung the other way now, and there is too much prescribing. I don't pretend to be the authority on how to get the prescription pendulum right, but I do know from listening to practitioners in the field, to citizens, to grieving parents, that you have to have more than enforcement. That is what the Senate has done with the bill that was passed today. The story must not end there. The Senate can do better in the days ahead. The Senate can fill in the rest of the story and ensure that in addition to enforcement, there will be prevention, there will be treatment, and a sensible policy that ensures that these three priorities work in tandem and is what the Senate pursues on a bipartisan basis in the days ahead.

WOMEN'S HEALTH CARE

Mr. WYDEN. Mr. President, I want to spend just a few minutes to discuss women's health care because I believe women's health care in America is in trouble—very deep trouble. It is in trouble in Congress, it is in trouble in the courts, and it is in trouble in our statehouses. In these bodies, I think there is a serious risk to women's access to affordable, high-quality health care. There is an assault on women's right to choose their own physicians and their own providers, and that assault is wrong. Drip by drip, State by State, the assault goes on.

The latest example is in Florida, where lawmakers seem to be heading down the same road that Texas and Louisiana have traveled, restricting the choices of women. This all began with a Texas law, HB2, that has been challenged all the way to the U.S. Supreme Court. Arguments were heard just last week. HB2 backers have argued the law is about protecting women's health. My view is that is pretty

much fiction. HB2 has very little to do with women's health. It is a thinly veiled scheme to block women's health choices with unjustifiable requirements for abortion clinics. The AMA and the American Congress of Obstetricians and Gynecologists—people who obviously have expertise on this issue—have said very clearly in a legal brief, an amicus brief, that the restrictions are “contrary to accepted medical practice and are not based on scientific evidence.” Despite the advice of the American Medical Association and the American Congress of Obstetricians and Gynecologists, Texas went ahead with the law anyway. If it stands, the number of clinics that provide abortion care will drop by more than three-quarters. Now HB2 backers say it is about preventing complications from abortion. Yet they ignore other procedures—colonoscopies, for example, that have much higher rates of complications. HB2 backers say women who live where these clinics have shuttered could go to other States, but the fact is, we are hearing that really isn't an option for so many women.

Louisiana just passed its own version of HB2. Just yesterday the news came down that legislators in Florida have passed a similar measure. The Florida bill goes one dangerous step further by going after funding for Planned Parenthood. Attacks on Planned Parenthood aren't anything new, not in statehouses like Tallahassee or here in the Congress. When you threaten Planned Parenthood in this way, you are going far beyond restricting access to abortion. Here is the list of vital women's health care services which have absolutely nothing to do with abortion, and these services which have nothing to do with abortion are under threat: pregnancy testing, birth control, prenatal services, HIV testing, cancer screenings, vaccinations, testing and treatment for sexually transmitted infections, basic physical exams, treatment for chronic conditions, pediatric care, hospital and specialist referrals, adoption referrals, nutrition programs.

The fact is, this assault on women's health care is going to hit disadvantaged, struggling women hard across our country. There are countless women across America enrolled in Medicaid who rely on Planned Parenthood and similar programs for their basic, essential medical care. It is their first line of defense for basic health care, particularly in rural communities in rural Oregon. The women know and trust their doctors at those clinics. Without those clinics, they aren't going to have anywhere to turn for their care. If you are working an hourly job, you have kids to care for on your own, it is pretty clear you are not going to find an easy way to take a day off work and travel far away for medical care. Yet these are the kind of laws that are being passed in States across America. These anti-woman laws are unfair and they are dangerous.

This will not be the last time I come to the floor to discuss this. My view is

access to health care for women in this country is in trouble, and a number of the services I have talked about are essentially part of what is a constitutional right—a constitutional right. It doesn't just mean it is a constitutional right if you are well-off. It is a constitutional right because the U.S. Supreme Court has said it, and I intend to defend that constitutional right. I intend to do everything I can to build bipartisan support so that instead of women's health services being in deep trouble as I described today, women can know that those essential services are available for them across the country.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. HEITKAMP. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

STUDENT'S FIRST AMENDMENT RIGHTS

Ms. HEITKAMP. Mr. President, I come to the floor today to talk about one of our most cherished rights as U.S. citizens; that is, the freedom of speech and why allowing our children and young people to exercise this right at a young age is critical to learning and understanding complex and tough issues and ideas.

The ability to effectively teach and learn journalism—and for other students to be challenged to engage in public discourse on tough issues—was severely hindered by the U.S. Supreme Court ruling in 1988 in *Hazelwood School District v. Kuhlmeier*. The *Hazelwood* case legitimized a school's decision to remove material about divorce and teen pregnancy from the pages of a student newspaper on the grounds that the material was overly mature for a high school audience.

Justice William Brennan, one of the First Amendment's greatest judicial champions, dissented from that ruling in words that resonate with us here today. He said: “Instead of teaching children to respect the diversity of ideas that is fundamental to the American system and that our Constitution is a living reality, not parchment preserved under glass, the Court today teaches youth to discount important principles of our government as mere platitudes.”

History has vindicated Justice Brennan's dire warning. Students regularly report that they have been prevented from discussing matters of public importance in the pages of student media or, perhaps worse, they have restrained themselves from even attempting to address an issue of social or political concern in fear of adverse consequences. That is not an environment that values and empowers student

voices, and it is not a climate conducive to the effective learning of civic participation. We can and must do better.

On the 25th anniversary of the *Hazelwood* decision in 2013, every major journalism education organization in the Nation enacted a resolution calling on schools and colleges to abandon reliance on the *Hazelwood* level of institutional control. The sentiment was perhaps best expressed by the Association for Education in Journalism and Mass Communication, the largest organization in the country of college journalism instructors, which stated that “no legitimate . . . purpose is served by the censorship of student journalism even if it reflects unflatteringly on school policies and programs, candidly discusses sensitive social and political issues, or voices opinions challenging to majority views on a matter of public concern.”

Since then, nine States have statutes protecting the independence of student journalists to report on issues of public concern without fear, and two have comparable protections by way of the State board of education rules. The combined experience of these 11 States spans well over 160 years, demonstrating that young people are fully capable of exercising a measure of legally protected press freedom responsibly and without incident or harm.

I am proud to say that my own home State of North Dakota established a position of national leadership by enacting the John Wall New Voices of North Dakota Act in 2015. The statute was named in memory of a truly amazing educator, John Wall, who lived his own civics lesson by running for the North Dakota House of Representatives, where he served with great distinction for 10 years after retiring from a 34-year career as a public school teacher.

The New Voices Act passed the North Dakota State Legislature with bipartisan sponsorship and without a single negative vote. That is truly an amazing fact. As we think about the importance of student journalism, the importance of voicing opinions and the importance of learning the value of participation through the First Amendment or through speech, I am often reminded of a personal incident that I had in my family.

My daughter was not on the school newspaper when she was in high school, but she frequently wrote a column. One column that she wrote generated a lot of controversy in a very small town at a time when it was much more controversial. It was an article that promoted marriage equality. She ended up getting a lot of grief and a lot of negative attention as a result of writing that article. My daughter is pretty opinionated. So it didn't bother her too much.

But many years later, I received a letter from a mother. That letter from a mother talked about how she was in a same-sex relationship, had been most